

FOR (Mechanically Imprint, Type or Print Full Name)

POLY PRESCRIPTION

NOTE: CONTROLLED SUBSTANCES MUST BE PRESCRIBED ON DD FORM 1289, DOD PRESCRIPTION, AND MUST BE FILED IN A SEPARATE FILE.

MEDICAL FACILITY

PRESCRIBER'S STAMP

UCA CODE

AGE (if under 12)

DATE:

DRUG NAME

STRENGTH

NUMBER

REFILLS

DIRECTIONS

PRESCRIPTION NUMBER

1 -----

LOT/MFGR.

FILLED BY:

2 -----

LOT/MFGR.

FILLED BY:

3 -----

LOT/MFGR.

FILLED BY:

4 -----

LOT/MFGR.

FILLED BY:

SIGNATURE OF PRESCRIBER

GRADE

DEGREE(ND, DDS, etc.)

SOCIAL SECURITY NUMBER

CHECKED BY:

NAVMEED 671016 (Rev. 3-84)

S/N 0105-LF-206-7130